



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: April 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014530

[REDACTED]

Dear [REDACTED],

On March 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 14, 2016 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014530

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your newborn child's Medicaid Managed Care plan began December 1, 2016?

Procedural History

On January 12, 2016, NY State of Health (NYSOH) issued a renewal notice stating that you were reenrolled in Medicaid and your Medicaid Managed Care plan, effective March 1, 2016.

On December 13, 2016, your NYSOH account was updated and your newborn daughter was added to the account.

On December 14, 2016, NYSOH issued an eligibility determination notice stating that your newborn daughter was eligible for Medicaid, effective November 1, 2016.

Also on December 14, 2016 NYSOH issued an enrollment confirmation notice stating that your newborn daughter was enrolled in a Medicaid Managed Care plan as of December 1, 2016 because infants are automatically added to the same plan as their mother if the mother was enrolled in a Medicaid plan when the baby was born.

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On January 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the December 14, 2016 enrollment confirmation notice insofar as it began your newborn child's enrollment in her Medicaid Managed Care plan as of December 1, 2016 and not November 1, 2016.

On June 14, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You are seeking insurance under a Medicaid Managed Care plan for your newborn child as of November 1, 2016.
- 2) The record indicates that on October 19, 2016 your NYSOH application was updated to indicate that you were pregnant with one child.
- 3) You were eligible for and enrolled in a Medicaid Managed Care plan as of March 1, 2014. You were reenrolled into that Medicaid Managed Care plan as part of your annual renewal effective March 1, 2016.
- 4) Your child was born on [REDACTED].
- 5) Your newborn child was added to your NYSOH account on December 13, 2016.
- 6) Your newborn child was found eligible for Medicaid Fee for Service as of November 1, 2016 and enrolled in a Medicaid Managed Care plan as of December 1, 2016.
- 7) You testified that you need your newborn child to have coverage through her Medicaid Managed Care plan as of her date of birth because there are outstanding medical bills.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid for Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid Managed Care Plan Effective Date

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Newborn Child – Effective Date of Coverage for Medicaid

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid MMCs are contractually obligated to provide coverage to eligible newborns from the date of birth (Medicaid Managed Care Model Contract (Appendix H-3(a), effective 3/1/2014 – 2/28/2019).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child's Medicaid Managed Care plan was effective December 1, 2016.

You were eligible for and enrolled in a Medicaid Managed Care plan as of March 1, 2014. You were reenrolled into that Medicaid Managed Care plan as part of your annual renewal effective March 1, 2016.

On October 19, 2016, your NYSOH application was updated to indicate that you were pregnant with one child.

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Your child was born on [REDACTED]. Your newborn child was subsequently added to your NYSOH account on December 12, 2016. Your newborn child was found eligible for Medicaid Fee for Service as of November 1, 2016 and enrolled in a Medicaid Managed Care plan as of December 1, 2016.

You testified that you need your newborn child to have coverage through her Medicaid Managed Care plan as of her date of birth because there are outstanding medical bills

In New York State, Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth. The coverage that a newborn is eligible for is the same as what the mother was receiving. Since you were receiving coverage through a Medicaid Managed Care plan, your newborn child is mandated to receive coverage through the same Medicaid Managed Care plan as of the date of her birth.

The December 14, 2016 enrollment confirmation notice acknowledges that infants are automatically added to the same plan as their mother if the mother was enrolled in a Medicaid plan when the baby was born. However, NYSOH failed to make your newborn child's coverage through her Medicaid Managed Care plan effective as of the date of her birth.

Therefore, the December 14, 2016 enrollment confirmation notice is MODIFIED to state that your newborn child's coverage in a Medicaid Managed Care plan was effective as of November 1, 2016.

Decision

The December 14, 2016 enrollment confirmation notice is MODIFIED to state that your newborn child's coverage in a Medicaid Managed Care plan was effective as of November 1, 2016.

Your case is RETURNED to NYSOH to enroll your newborn child ([REDACTED]) into a Medicaid Managed Care plan as of November 1, 2016.

Effective Date of this Decision: April 03, 2017

How this Decision Affects Your Eligibility

Your newborn child is eligible for enrollment in the same Medicaid Managed Care plan you had at the time of her birth.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Your newborn child's enrollment in her Medicaid Managed Care plan is effective as of November 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 14, 2016 enrollment confirmation notice is MODIFIED to state that your newborn child's coverage in a Medicaid Managed Care plan was effective as of November 1, 2016.

Your newborn child is eligible for enrollment in the same Medicaid Managed Care plan you had at the time of her birth.

Your case is RETURNED to NYSOH to enroll your newborn child ([REDACTED]) into a Medicaid Managed Care plan as of November 1, 2016.

Your newborn child's enrollment in her Medicaid Managed Care plan is effective as of November 1, 2016.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bεtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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